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United States Patent & Trademark Office
Credit Card Payment Form
Please Read Instruction before Completing this Form

Credit Card Information

Credit Card Type: **Visa** **MasterCard** ☒ **American Express** **Discover**

Credit Card Account #: 

Credit Card Expiration Date: **03/03**

Name as it Appears on Credit Card: **John M. Guynn**

Payment Amount: \$(US Dollars): **\$40.00**

Signature: 

Date: July 25, 2002

Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not be entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card account.

Service Charge: There is a 50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)).

Credit Card Billing Address

Street Address 1: 1465 Princeton Avenue

Street Address 2:

City: Salt Lake City

State: Utah

Zip/Postal Code: 84105

Country: USA

Daytime Phone #: 801.321-8984

Fax #: 801.328.1707

Request and Payment Information

Description of Request and Payment Information:

Recordation of Assignment - \$40.00

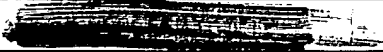
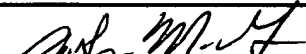
Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No. 10/069,143	Application No.	Serial No.	IDON Customer No.
Patent No.	Patent No.	Registration No.	
Attorney Docket No. 7678.576a.1		Attorney Docket No.	

If the cardholder includes a credit card number on any form or document other than the Credit Card Payment Form, the United States Patent and Trademark Office will not be liable in the event that the credit card number becomes public knowledge.

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Credit Card Payment Form
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Credit Card Information

Credit Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Discover
Credit Card Account #:	
Credit Card Expiration Date:	03/03
Name as it Appears on Credit Card:	John M. Guynn
Payment Amount: \$(US Dollars):	\$130.00
Signature:	
Date:	July 25, 2002

Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not be entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card account.

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Credit Card Billing Address

Street Address 1: 1465 Princeton Avenue	
Street Address 2:	
City: Salt Lake City	
State: Utah	Zip/Postal Code: 84105
Country: USA	
Daytime Phone #: 801.321-8984	Fax #: 801.328.1707

Request and Payment Information

Description of Request and Payment Information:

Filing Late Declaration - \$130.00

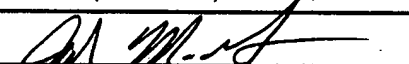
Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No. 10/069,143	Application No.	Serial No.	IDON Customer No.
Patent No.	Patent No.	Registration No.	
Attorney Docket No. 7678.576a.1		Attorney Docket No.	

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Credit Card Information

Credit Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input checked="" type="checkbox"/> American Express <input type="checkbox"/> Discover
Credit Card Account #:	[REDACTED]
Credit Card Expiration Date:	03/03
Name as it Appears on Credit Card:	John M. Guynn
Payment Amount: \$(US Dollars):	\$168.00
Signature:	
Date:	June 10, 2002

Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not be entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card account.

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Credit Card Billing Address

Street Address 1: 1465 Princeton Avenue	
Street Address 2:	
City: Salt Lake City	
State: Utah	Zip/Postal Code: 84105
Country: USA	
Daytime Phone #: 801.321-8984	Fax #: 801.328.1707

Request and Payment Information

Description of Request and Payment Information:			
Amendment with Additional Claims- \$168.00			
Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No. 10/069,143	Application No.	Serial No.	IDON Customer No.
Patent No.	Patent No.	Registration No.	
Attorney Docket No. 7678.576a.1		Attorney Docket No.	

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Credit Card Information

Credit Card Type: Visa MasterCard ☒ American Express Discover

Credit Card Account #:

Credit Card Expiration Date: 03/03

Name as it Appears on Credit Card: John M. Guynn

Payment Amount: \$(US Dollars): \$1430.00

Signature:  **Date:** February 14, 2002

Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not be entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card account.

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State: Utah

Zip/Postal Code: 84105

Country: USA

Daytime Phone #: 801.321-8984

Fax #: 801.328.1707

Request and Payment Information

Description of Request and Payment Information:

Application Filing Fee - \$1430.00

Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No.	Application No.	Serial No.	IDON Customer No.
Patent No.	Patent No.	Registration No.	
Attorney Docket No. 7678.576a.1		Attorney Docket No.	

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